

CALFRESH (CF) PROGRAM

REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 5-30-2012	NEED RESPONSE BY: 6-15-2012
2. REQUESTOR NAME:	6. COUNTY/ORGANIZATION: San Luis Obispo County	
3. PHONE NO.:	7. SUBJECT:	
4. REGULATION CITE(S): 65-504.13	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACIN I-41-10	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Participant receiving Transitional CalFresh from San Luis Obispo County. A Paris Interstate Match indicates that the participant is now receiving SNAP benefits in Arizona.

Is there an overissuance for the months in which the participant received both TCF from SLO Co and SNAP from Arizona?

If there is an overissuance, who's overissuance is it - SLO Co or Arizona?

10. REQUESTOR'S PROPOSED ANSWER:

There is no TCF overissuance, as there are no TCF reporting requirements. The SLO Co case manager must discontinue TCF upon learning that the participant has been approved for SNAP benefits elsewhere. There is an overissuance in Arizona, because when the participant applied there, she was responsible to inform the State that she was receiving TCF from California. Subsequently she has received duplicate SNAP benefits.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The state confirms the proposed response.

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ: